

Summary Report

Latino Health Promotion Partnership Needs Assessment and Gap Analysis

Introduction

The Latino Health Promotion Partnership members are: Danielle Arias, ARP/Phoenix, (828) 254-2700 x206; Althea Gonzalez, Buncombe County Medical Society, and Board Member of Nuestro Centro, (828) 274-2267, ext. 308; Alphonse Rodriguez, YWCA, (828) 254-7206 x212; Ellen Bailey, UNC-Asheville, (828) 232-2439; Amy Joy Lanou, UNC-Asheville, (828) 250-2317. This partnership formed as a result of discussions between members on the current status of health-related services for the Latino community of Buncombe County. This project was funded by the N. C. Center for Health and Aging with some matching and in kind contributions from the members organizations including some grant funds from the North Carolina Center for Health and Wellness.

The guiding question for this research model and program goals was: *How can we best address the pressing health needs of the Latino youth in Buncombe County?* The long-term goal of the Latino Health Promotion Partnership is to network together local organizations that currently serve Latino youth and families in Buncombe County and to build capacity by creating a system to coordinate current and future physical/mental health promotion and substance abuse prevention programming. In order to contribute to the creation of such a system, our short-term goal was to conduct a needs assessment and gap analysis of the current situation in Buncombe County for Latinos. The key outcomes for this project were a resource inventory, a needs assessment, and a gap analysis of health promotion needs for Latino youth and their families in Buncombe County.

Methodology and Evaluation

We collected primary data by way of surveys (of local agencies who provide programs and services to Latinos, interpreters, physicians, and individual Latino community members), a community provider meeting, and three focus groups with Latino youth and families. This data collection was designed to identify unmet health promotion and health care needs.

Providers Survey and Meeting

Drawing from lists generated by United Way's resource number 211, Nuestro Centro, and referrals from other agencies, we contacted 75+ community providers via email or regular post and invited them to complete a survey about their services and to attend a meeting. Surveys were returned electronically, via regular post, or in person at the meeting. On October 18, 2007 at Nuestro Centro, we held this meeting in order to have a structured conversation about health promotion programs, resources, and services currently available to Latino youth and their families. Twenty-four individuals representing 15 different organizations attended the meeting. Survey information was collected on agencies that returned surveys at the meeting, by mail, email or by a follow-up phone interview for a total of 60 completed surveys from 49 different organizations. The survey data was entered into an MS Access database and quality control was verified by checking randomized entries for accuracy. See Appendix A for survey and summary results.

Interpreter Survey

Interpreter supervisors at Mission Hospital, Buncombe County Health Center and WNC Interpreters Network were contacted and asked to distribute a survey to their respective

interpreters. Surveys were sent to these supervisors for distribution. Eight were returned from the WNC Interpreters Network. Given the small number of responses from interpreters, these were included with the other providers and analyzed as such. See Appendix B for survey.

Physician Survey

We included five questions within a larger web-based survey designed by the Buncombe County Medical Society (BCMS) and Dr. Jeff Boyce of Montreat College. The survey was sent to 900 BCMS-affiliated physicians using the online service of Survey Monkey and our five questions were included to identify accessibility and resource concerns for health, behavioral and substance abuse services for Latino youth and their families. One hundred and thirty physicians and practice managers responded for a response rate of 14.4 percent. Dr. Boyce and his Montreat College Business Quantitative Analysis students compiled the results and generated the report of these responses. See Appendix C for survey questions and summary results.

Individual Community Member Survey

Individual members of the Latino community were surveyed between September and December at various locations in Buncombe County, such as the Fiesta Latina, Emma Family Resource Center, West Asheville/Haywood Rd., St. Eugene's church, and others. UNC-A students and community volunteer interviewers were provided training prior to administering the survey in order to maintain consistent interview techniques. Interviewers recorded the interviewee's verbal responses on the survey forms. Most interviewees responded in Spanish, a few chose English. One hundred forty-eight complete surveys were entered into an MS Access database and data quality control was verified by checking randomized entries for accuracy.

Reports were generated using MS Access and MS Excel for the quantitative data. Qualitative analysis was performed on the open-ended questions. See Appendix D for survey and summary charts.

Focus Groups

When Latino community members completed the individual survey, each person was asked by the interviewer if he or she would be interested in participating in a focus group at a future date. If the person expressed interest, his or her name and contact information were recorded on a piece of paper separate from the survey in order to maintain survey anonymity and to ensure that no personal information would be linked with the survey. These volunteers were called and invited to attend a focus group, and were also asked if they needed childcare or transportation. We conducted three different focus groups with members of the Latino community in Buncombe County. On January 30, 2008 we conducted two adult focus groups, one for women and one for men. There were eight participants in the women's group and two in the men's group. Native speakers facilitated these focus groups and received training prior to the focus group session. Participants were invited for dinner prior to the focus group and they also received an Ingles Gift Card and a gift bag from Mission Hospital as gratitude for their participation. Childcare was provided. Informed consent for participation was obtained in accordance with IRB approval. Focus groups were tape recorded and later transcribed. The qualitative information gathered from these two focus groups was transcribed by a native speaker and coded according to themes for analysis. See Appendix E for focus group protocol for adults.

On March 13, 2008, we conducted a focus group with eight Latino youth (seven females, one male) who are mentors in the Latino Mentoring Program held at Emma Family Resource

Center and funded by Caring for Children. Participants received snacks, soccer balls and ipod speakers from the YWCA as gratitude for their participation. Informed consent for participation was obtained from both parents and participants in accordance with IRB approval. Focus groups were tape recorded and later transcribed. The qualitative information gathered from this focus group was transcribed by a native speaker and coded according to themes for analysis. See Appendix F for focus group protocol for youths.

Findings

Since we had so many sources of data that provided sometimes related or overlapping information about health care and health promotion services and barriers, our findings are organized around 10 major themes:

1. Support in staying healthy including medical/dental care
2. Nutrition
3. Physical activity
4. Emotional support and mental health
5. Substance use and abuse
6. Parenting
7. Language
8. Access: transportation, finances, immigration, availability of appointments
9. Culture and acculturation
10. Information/marketing and outreach/networking

After addressing these themes, we note some limitations, draw some conclusions, and suggest next steps.

Major Themes

Support in Staying Healthy

Across the focus groups, other people in their lives were named as supporters of respondent's health. The teens mentioned family as supporting healthy eating and friends as

supporting sports and active play. Men indicated that they get support from family and a close circle of people in their community. They believed there were other support services for staying healthy, but they didn't know what they are or how to access them. Women also indicated that family and friends serve as support providing information, including medical advice, and transportation.

The women dug into this topic a little more deeply. They noted that English as a Second Language (ESL) classes increase their understanding of English and their access to information. They also named the Buncombe County Health Center and Western NC Community Health Services (WNCCHS) as facilities they use to support health. The fact that children often have Medicaid was a great support to the family health. In contrast, one woman spoke of how she supports her own health:

“y la salud mía? No pensar en que estoy enferma...por que no tengo aseguranza y yo sé si caigo algún día... bueno tratamos de no enfermarnos. Si nos enfermamos nos levantamos.”
(and my health? Not thinking that I'm sick...because I don't have insurance and if one day I fall...well, we try not to get sick. If we get sick, we get up).

Medical or dental care was provided by the organizations represented by 15 of the 60 providers who completed the surveys. Behavioral health care including substance abuse prevention and treatment were offered by 15, and social services were offered by organizations represented by 19 of the respondents surveyed. Providers identified the provision of medical services through Buncombe County Health Center and Mission Hospital as well as Project Access, a program that helps to provide medical care for uninsured county residents, as strengths relative to providing health promotion services to the Latino population in Buncombe County. Fourteen providers also cited the availability of bilingual staff, interpreters for medical care, and other Spanish language services and materials as local area strengths.

Nearly 40 percent of physician respondents (n=52) generally or completely disagree that he or she feels “capable of serving the needs of my Latino/Spanish speaking patients” and similarly 47 percent (n=61) do not know where to send Latino/Spanish speaking patients for other services that he or she cannot provide. Also, among the top items on a list of greatest need or services missing for the Latino population is adequate primary/preventive health care of poor Latino families. A majority of physician respondents (88%; n=115) also generally or completely agreed that health services such as Project Access to low income families is important and that interpretation should be provided to limited English speaking, low-income families (76%; n=99).

The main places utilized by community members for their own medical care were the Buncombe County Health Center (BCHC) (35%; n=54), a community clinic (26%; n=40), a doctor’s office (13%; n=20), and the hospital emergency room (10%; n=15). The community respondents who had not received medical care when needed cited the following reasons for not receiving medical care: no health insurance (n=10), difficulty in obtaining an appointment (n=9), lack of documentation (n =4), and lack of transportation (n = 3). The two most often cited types of services wanted or needed by adults for health and happiness were health check-ups (23%; n=74) and dental care (17%; n=53).

In the community survey, the predominant reason for children in the respondents household not receiving medical care was lack of health insurance (n=16); however, most respondents said that this question did not apply to them either because they do not have children or because their children receive medical care when they need it. The most frequently needed services for children cited were health check ups (28%; n=62), vaccinations (18%; n=41), dental health (9%; n=19), nutrition/weight (7%; n=15), and exercise/physical activity (5%; n=11). And the most often cited services that adults want for children but cannot find were: dental health

(18%; n=35); physical activity/exercise (8%; n=15), and health check-ups (7%; n=13). Other needed services that some respondents (<10 each) wanted for children but are unable to access included, mental and emotional health care, vaccinations, weight/nutrition, acculturation, and sexual health care.

Participants in all three focus groups mentioned the need for affordable medical and dental care, and medical insurance. Regarding insurance, one single mother of two said:

“Como yo que soy mamá y papá...que tengo que trabajar para la casa completa...no me alcanza el dinero...como es tan caro parece imposible.”

(Since I am both mother and father...and have to work to support the entire household...there's not enough money...and since it's so expensive it seems impossible).

Teens mentioned wanting improved access to BCHC and other clinic options:

“Que si se puede, que se haga otra, otra clínica, que no más está la que está en Haywood, y mucha gente no sabe de esa. Que igual se haga otra aparte porque hay veces que uno dura semanas hablando al health department y no puedes agarrar...y ya es cuando la gente ya empieza a llamar al ABCCM....porque ya sabemos que cuando ya llegas temprano, ya te dan tu cita.... yo no quiero ir a esa clínica, porque yo sé que esa clínica es para los más necesitados, que ya no tienen dinero... nosotros podemos pagar 20, 40, 50 dólares y hay otra gente que no.”

(If it's possible, make another clinic, since the only other one is the one on Haywood [WNCCHS] and many people don't know about that one. Make another one separately because sometimes you spend weeks calling the health department and you can't get [an appointment]...and that's when folks call ABCCM...because we know that if you get there early, they'll give you an appointment. ...I don't want to go to that clinic, because I know that clinic is for those who are most needy, who don't have money...we can pay \$20, \$40, \$50 and there are others who can't.)

Nutrition

Youth in the focus group stated the importance of eating well, having breakfast, avoiding fast foods or sodas, and eating fruits and vegetables as important things they can do to stay healthy. They also noted that their mothers help them stay healthy through providing healthy meals, and one youth said that her grandmother encouraged her to eat fruits and vegetables. The youth also talked about the schools removing the snack machines, but then providing unhealthy

school lunches that were “horrible.” “Está horrible la comida. A veces uno ni come. Luego las ensaladas están horribles también, toda la lechuga está bien [sonido de asco].” (*The food is horrible. Sometimes we don’t even eat. Then the salads are also horrible, the lettuce is very [sound of disgust]*).

While the topic of nutrition did not come up in the focus groups with adults, in the community survey of adults it was rated of high importance for both children and adults. Specifically, 27 adults (8.5%) responded that they wanted/needed more information on nutrition and weight management to maintain a happy healthy life for themselves. Nutrition and weight management information was the fourth highest response for both most frequently needed and most desired services. When asked an open-ended question as to what services adults want to see more of in the community, nutrition was again near the top of the list with 7 percent of respondents mentioning this need.

Interestingly, two providers listed nutrition or weight management among the services offered, Women, Infants and Children (WIC) nutrition program and the NC Cooperative Extension. Language and cultural competency may be a barrier to utilizing these services. Given that food choice and nutrition are essential to health and to disease prevention, being culturally competent in providing nutritional guidance is critical. Neither providers nor community members discussed or noted a relationship between the US diet and increased body weight in children or adults; however, several participants said that their children “no comen nuestra comida” (*they don’t eat our food.*)

Physical Activity

Families interviewed in the focus group at all ages agreed that resources at which to play and exercise are difficult to access. The children want a place to play sports with their friends, but say that it is hard to find an appropriate and safe outdoor space, and do not have an indoor facility near them. They feel if they do not “make” an athletic team, they have little chance to exercise.

Men primarily wanted to find healthy activities for the whole family, but do not know what resources are available. Women preferred the option of playgroups for their children while giving them time to socialize with other Latinas. They are very concerned about overweight children and want more opportunities for them to play indoors and out. The women would also like to see more affordable gym memberships.

The survey of community members showed that exercise was the most important service or help needed to maintain a happy healthy life with 12 percent (n=41) of those interviewed citing a need for exercise for children. Eleven percent of respondents also cited the need support for exercise for adults to maintain a happy healthy life. Parents want to see more frequent opportunities for children to exercise, particularly in afterschool programs.

Fifteen respondents completing the providers survey identified their agency as addressing physical health; however, none mentioned providing facilities, programs or other support for physical activity, even though a few may have that capacity, such as the YWCA.

Emotional Support and Mental Health

Youth interviewed for the focus groups believed it was important to avoid getting angry or thinking bad thoughts in order to maintain mental health. Youth did not mention using their faith as a means to maintain mental health, but women in the adult focus group believed that

their mental/emotional health was supported by prayer and spiritual involvement. Women also thought their own mental well-being was transmitted to their children. Interestingly, men in the adult focus group did not mention mental health as a means to maintaining health and well-being.

In the community survey, 5 percent (n=17) of adults indicated that they need services to support their own emotional/mental health in order to maintain a happy and healthy lifestyle. This need weighs in after services addressing physical/dental health, exercise, and nutrition. Only 1 percent (n=3) indicated they frequently use services to support mental/emotional health for their children. However, 3 percent (n=10) of adults indicated that they would want or would use services for their children to support mental/emotional health and 4 percent (n=8) of adults believe that they need services for their children to assist with mental/emotional health, but have difficulty finding these services. Specifically, survey respondents suggested services that help with reunification and in dealing with the trauma of separation, “consejos para la salud emocional,” (*advice on emotional health*) and “necesita consejos de salud mental” (*need advice on mental health.*) Possible services for children included “consejo mental” and “más sobre control de la frustración” (*mental advice [and] more about controlling frustration.*)

In the provider survey, fifteen percent of those completing the survey were mental health providers. Some of the services available in Buncombe County from mental health providers focused on counseling for adults and children, providing rape crisis/sexual assault counseling, and domestic violence assistance, counseling and advocacy. (Substance abuse providers were also included in this number, but our findings in this theme are addressed in a later section.)

Providers identified counseling for children, domestic violence, depression, and long-term counseling as a need that they often referred out and many providers indicated providing

those services. However, when asked to whom they refer, they indicated only one agency (All Souls) that they could refer for counseling for children and for long-term counseling, which indicates the need for better dissemination of the resources available. This may reflect All Souls' sliding fee scale which is not available at other agencies. Service providers did not name any providers to assist with domestic violence and only listed two agencies as referral sources for depression (WNCCHS and Catholic Social Services.) Within the category of services for domestic violence, there were 3 domestic violence providers who completed the survey and 2 requests for services. Interestingly, providers of services for domestic violence indicated that their services were underutilized as did some of the providers of general counseling. This could be due to a language barrier as one provider suggested, "With regards to domestic violence, language is a huge barrier."

Providers specifically have requests for affordable and available mental health services for adults and children with shorter wait times to become patients, long-term trauma treatments (e.g. sexual abuse history, survivor of war etc.), counseling in the schools that could identify problems and support adjustments before they escalate into bigger problems, and domestic violence counseling for Hispanic women. One provider said, "They (mental health services) exist but typically not for indocumentados (*undocumented*) and outreach is limited." Yet one provider who is an interpreter suggested that "once language and cultural issues were addressed. I can't think of any services that would be lacking."

In the physician's survey, 27 percent (35 respondents) agreed that their Latino/Spanish-speaking patients present with mental health and/or substance abuse issues that they cannot serve. It is also important to note that 39 percent (51 respondents) neither agreed nor disagreed with this statement, which raises some issues as to the ability of physicians to assess whether

their patients present with mental health and/or substance abuse needs during a client's appointment.

Substance Use and Abuse

Neither youth nor women mentioned substance use or abuse as an issue in the focus groups. However, men believed that they would like to know about their rights in regards to drinking and driving since the laws here are so different from their native countries.

Substance abuse was brought up only minimally in the community survey. Only 2.2 percent (n=7) of adults indicated they would need or want help with problems with alcohol and addiction to maintain a happy and healthy life and only 1.6 percent (n=5) of adults indicated they would need or want help with problems using tobacco. One percent (n=3) indicated they frequently need to have services for their children to assist with problems with alcohol and addiction and the same number indicated that they frequently need services for their children to assist with addiction and problems with other drugs and/or marijuana. Although this topic didn't get a lot of mention, when respondents were specifically asked what services they would like, they listed items such as help with "problemas con alcohol" and "orientación para que no consuman drogas, alcohol or cigarros" (*problems with alcohol (and) guidance so that they don't consume drugs, alcohol or cigarettes.*)

According to the provider survey, there are some services available in Buncombe County that focus on substance abuse prevention, treatment, and DWI assistance for Spanish speakers. Counseling for substance abuse was listed as a service that agencies need to refer out. However, providers indicated only one source (Mario Moraga) for substance abuse counseling in Spanish and some believed that there were currently no providers of substance abuse services for the

Latino community. When asked what services were lacking, substance abuse counseling and treatment in Spanish were listed as a needed service. One survey respondent said, “I also believe that there is a lack of treatment programs for substance abuse being led by facilitators who speak fluent Spanish.” However, when a comparison is done between what services are provided and what services are needed for substance abuse, there were 7 substance abuse service providers listed and only 2 requests for services. When substance abuse providers were asked about service utilization, one provider who offers services in Spanish indicated being overutilized, while three others were underutilized.

Parenting

In the youth focus groups, respondents acknowledged their parents’ limitations in participating in their children’s lives. Teens felt inconsistent support for extracurricular activities or at school because parents are working such long hours or there is no transportation available for them to participate. They were very aware of an imbalance between family time and work time for parents.

Men in the focus group mentioned that it is difficult raising children in an environment that is culturally different. There are different roles or standards in parenting. Men find themselves having many conversations with their children about why “we” do things differently. Women also felt they needed a lot of support in parenting. They mentioned classes on childbirth, dealing with teenage behavioral issues, learning to parent, computer literacy so they could understand what was acceptable or not for their kids on the computer/internet, and homework help for their kids since they didn’t have the skills/knowledge to help their children with schoolwork. They also want assistance in accessing school services, being able to speak with

teachers, and understand the system. Lastly, they mentioned financial assistance to help their children go to college. Both men and women want support for parenting.

In the community survey, when asked specifically what is needed in the community for families, parents, and children, 61 individuals (41%) suggested parenting assistance as a type of service that would be beneficial. These included suggestions for groups and classes that would help them to be better parents, education about how to increase or enhance communication with their children, and information about “que hacer con la adolescencia” (*what to do about adolescence*). The responses to the question: “Of all the possibilities of services that could be provided which services would you like to see provided for children?” included:

- “orientación a como comprender a sus papas” (*guidance on how to understand their parents*)
- “consejos para que los padres sepan donde ir” (*advice so that parents know where to go*)
- “cosas para ayudar los padres asistir funciones de las escuelas” (*things to help parents attend school functions*)
- “well-being at home for kids”
- “how parents can spend time with their kids on developmental issues.”

Parenting classes are offered in Spanish in Buncombe County and 6 parenting class providers completed the provider survey. However, when providers were asked which services they receive requests for but do not provide themselves, parenting classes were listed. Providers stated that sufficient parenting education classes and “support groups for Latinos who are raising children who are developing differently are lacking.” When a comparison was completed between what services are provided and what services are needed, it showed 6 parenting support providers and 2 requests for parenting classes among providers. Latino parenting support providers also reported that they were underutilized.

Language

The language barrier for Latinos makes it challenging to adapt to life in the US. Latinos are trying to learn English in order to have better jobs and communicate with others. Yet it is difficult. From the women's group:

“Yo tengo nueve meses pero tengo muchos deseos de aprender el inglés... me gusta mucho platicar. Quisiera hablarles y preguntarles. No puedo y me desespero.” (I've been here 9 months but I have a lot of desire to learn English. I like to converse a lot. I want to speak with them [Americans] and ask them things. But I can't and I get desperate).

In the focus group, further help in learning English was often mentioned as a desired service. Men and women would like more ESL classes and tutors to help them with the language because: *“Con inglés se puede acceder a más servicios.” (With English you have access to more services.)* Many survey respondents mentioned the need for ESL classes including tutoring in English, ESL classes that provide childcare for mothers, free English classes for children outside of the school system, and more intense and frequent classes so that people could learn the language more quickly.

Providers noted that they get many requests for ESL classes and often refer people to the Literacy Council, AB Tech, Nuestro Centro and International Link. In contrast to Latinos, providers feel there are sufficient ESL and English classes in the community to serve the population. Despite the classes, 53 percent (n=32) of providers believed that language was a barrier for Latinos in accessing services. To solve these access issues, 30 percent of organizations said they need bilingual and bicultural staff (n=18) and 10 percent (n=6) said they need interpretation and translation services. Interestingly, while eleven community providers mentioned that one of Buncombe County's strengths in health promotion services is the provision of bilingual staff/services and interpreters, four others noted that this as a weakness.

This was also reflected in the provider meeting as both a strength and a weakness. Providers mentioned that the county lacks sufficient Spanish-speaking health care providers as well as interpreters in police stations or the legal system.

Physicians who were surveyed noted that a lack of language access and cultural awareness/sensitivity on the part of providers is the greatest need for Latinos in accessing health care. Physicians want to encourage Latinos to learn English in order to live in the United States. They also note “a dearth of bilingual staff/professionals” in Buncombe County. The challenges in serving this population divide physicians, whereas 39 percent (n=52) feel capable of serving their Latino patients, and 39 percent (n=52) feel incapable of serving them.

Language is also responsible for some culture clashes. One teen said that racism has increased. Latino students have been told they would be prohibited from riding the school bus if they spoke Spanish. Some Latino students are not speaking Spanish at all so as to fit in better with their peers.

Facilitators of the focus groups noticed particular topics that seemed to create a lot of stress even when not directly mentioned. The language barrier was an obvious difficulty for many, leading to reduced opportunities for self-improvement, connecting with the entire community, accessing services, and interfacing with their children’s school as well as new technology.

Access

In the written survey, providers were asked to identify barriers and challenges for Latinos in accessing services. Out of 145 comments given by providers in response to this question, 90 responses (62%) were related to linguistic, cultural and environmental factors. Fifty-two were related to culture and environment, such as lack of cultural competency and trust, fear,

immigration/legal status and 32 were related to language barriers and lack of interpreters and translators. Sixteen comments (11%) identified lack of information and/or understanding of US system as a barrier to access. Fifteen (10%) comments were directly related to lack of transportation. Providers who attended our meeting in October also frequently cited transportation as one of the top challenges for many marginalized residents of Buncombe County, not just Latinos. They mentioned the limited public transportation system and the difficulty in obtaining a driver's license.

Additionally, 50 percent (n=36) of comments regarding weaknesses in Buncombe County relative to health promotion services centered on the provision of services, such as availability, cost, awareness and understanding of programs, or lack of programs/specific services.

Regarding the various barriers identified by providers, community members concurred. Some women in the focus group were able to use family for transportation; however, men reported not knowing how to access services or what they are. The focus group agreed that it is important to find a clinic that they can get into and where they are able to see the same practitioner each time they go. The survey supported this data by noting that potential clients found it difficult to schedule an appointment; this was the third most noted reason as to why they did not receive care (n=9, 5.6%). The survey also found that not having legal status proved a barrier for some.

In the physicians' survey, access was mentioned among the greatest needs or services for the Latino/Spanish-speaking population. The physicians' survey indicated that access was impeded by the "dearth of bilingual/staff professionals (and) access to health coverage (especially for pregnancy) despite lack of documentation."

The issue of safety and security was identified in the provider and community survey and also had a potential impact on the participation in the focus group. Men in the focus group discussed a need for more police who speak Spanish: “Yo he visto muchos problemas... que tienen miedo de reportar por que no hablan inglés” (*I have seen many problems... people are afraid to report them because they don't speak English*). Additionally, youth were concerned about the increase of violence in Asheville, safety in neighborhoods, and increased fighting among teens. The current culture of fear and racism in Buncombe County impedes the development of a healthier community where youth will want to exercise in their neighborhoods and Latino community members can communicate concerns, participate in healthy behaviors, and seek and access health care without fear.

Culture and Acculturation

The importance of acculturation or cultural issues was evident in the community survey with 31 people responding on the topic (21%) to an open-ended question about needs. Cultural issues were also a central theme in the focus groups and community provider meeting.

Many Latino survey respondents feel that they receive the same level of service as Americans. Men, women, and youth in focus groups all mentioned that in general there are many nice Americans here, yet they miss their home, their culture. One man said that in his country everyone knew his or her neighbors. Here, even after 12 years, he still doesn't know his neighbors. And it's because of work. Everyone is always working: “Aquí en Estados Unidos es puro trabajo la verdad.” (*“Here in the United States it's pure work, truly.”*)

Creating a sense of community is important to Latinos. This sense of community bridges their own culture and the connection to their new culture. Thirteen (4%) adult respondents in the

community survey wanted assistance in learning how to adapt to life in the United States and 2 percent (n=8) thought that same assistance would be helpful for their children. Latinos want advice on how to live and survive in this culture, and how to integrate into the US system. Education on US history and American culture was also mentioned in both adult focus groups.

Focus group respondents mentioned that there were few Latino stores and no Latino-friendly “healthy” places for families to meet (as opposed to bars where alcohol is served). Latinos would like places and activities that cater to their native culture. This included a school that would teach traditional dances. They’d like to have a community center where they could find assistance with health and work-related issues, that would be friendly and warm, that could provide guidance on resources in the community, where they would feel safe in asking for help.

Parents want a community center to serve the children with cultural, religious, and sporting activities. Parents note that children are bored and need places to play with bilingual children outside of the school setting. The desire is that this center will help children discover their aptitudes, involve children in the community and will “teach them how to discover new things that will motivate them to be happier” (*“actividades que les enseñen a ellos mismos a descubrir cosas nuevas que los motivan a ser más felices”*).

Providers mentioned that the community (both Latino and American) is not aware of Nuestro Centro. This is evident in the many Latino respondents who are seeking a community center. Nuestro Centro needs more publicity and providers are hopeful that it will be a “hub for connecting people with services”. While there are business and agencies actively reaching out to Latinos, providers note that most “simply don’t have the funding to provide services consistently to all that seek their services.” Among physicians, 66 percent (n=85) do not actively market their services to Latinos.

Sixteen provider respondents noted that Latinos' lack of familiarity with American-style systems creates a challenge when trying to access services. Eight thought that lack of cultural competency among their own staff was creating a barrier when serving this population. Sixteen providers thought that lack of cultural competency, fear, and racism are weaknesses in Buncombe County relative to health promotion services.

Outreach/Networking and Marketing/Information

A final clear theme from both the providers and community members was a need for better outreach and access to information about the availability of services and programs. In answering the question about what services are needed, community members expressed a need for more information about available services for a wide range of concerns, including employment, immigration, legal services, schools and sport activities for children, mental health, substance abuse, physical health, and health promotion. At least 20 respondents in the community survey expressed a need to know more about what services are currently available to Latinos in Buncombe County. Thirteen provider respondents noted a lack of awareness, lack of knowledge of the system, limited organizational outreach as weaknesses in Buncombe County relative to providing health promotion services to the Latino population. Specific provider comments regarding weaknesses included:

- “difficulty in reaching Latinos, no strong media outlet”
- “reaching out to the Latinos requires going out into the community, to the places where they live. I don’t think there are many agencies willing to do this.”
- “We need to better educate the Latino population regarding health care and the need for it.”

At the same time, a “willingness of individuals and agencies to help” was cited by 10 providers as one of the key strengths in Buncombe County relative to providing health promotion services to the Latino population.

When asked what resources organizations would need to expand their services to meet current demand or to expand client base to utilize the services currently provided, again outreach and referrals were important. Twelve providers made comments in this category:

- “an outreach staff person”
- “a better way to perform outreach to Hispanics, perhaps a group of service providers that provide health services to Hispanics to meet and brainstorm”
- “more targeted outreach to the Latino community with possible assistance from a consultant”
- “collaborations with agencies to maximize our current resources”
- “more understanding of the value 211 might have to Spanish speakers; more Spanish speaking staff to meet the demand once outreach is complete.”

The need for a centralized source of information and resources was a major theme of the October provider meeting. In the survey, three providers stated a need for “a community space without an agenda, available for learning.” Four providers also expressed hope that Nuestro Centro could help to fill a need for more community support and outreach. For example, one provider wrote “I think that Nuestro Centro will provide a much needed hub for connecting people with services” and another wrote “I’m hopeful that Nuestro Centro will be a catalyst to identify and help groups connect.” Others cited a need for more targeted marketing to the Latino population, a need for a consistent media outlet, and need or additional funding to do this outreach and to support the programs and services to all who seek them.

Limitations

We collected quantitative and qualitative data from a variety of sources in a short time period for this project and recommend that the following be considered when evaluating the data.

Providers Survey

Since not all agencies that we contacted responded to our request for information, the resource directory does not fully represent all services being offered in Buncombe County. Additionally, the information provided about the agency was dependent upon the person filling out the form; therefore, this could influence the completeness of information regarding that agency's services. The larger the agency, the more unlikely one respondent could fully represent all services offered. Since two organizations did not respond to our interpreter's survey, despite several attempts at follow-up, the information from interpreters in our community is limited.

Community Survey

The UNC-A students and community volunteer interviewers received training on how to administer the survey; however, there were varying levels of Spanish language proficiency and involvement among the volunteers. Some volunteers administered the survey at one event, with others surveying on several occasions. This was a convenience sample where we met people in places that they were frequenting, mainly West Asheville, so it may not be a representative sample of the Latino community. In order to provide a consistent interview technique, interviewers read choices for answers which helped frame the topic, situation and question. This could have also led respondents to a particular answer.

Focus groups

We had confirmation for attendance from 38 adults (27 female, 11 male) bringing approximately 20 children and we had planned and prepared for these numbers. The low number of male participants should be considered when interpreting the results. The difference in the

number of expected versus actual participants is noteworthy and we attribute this to a variety of factors. On the specific night of the adult focus groups, there was a rumor in Buncombe County that Immigration and Customs Enforcement was performing raids in the area. Based on the comments from both providers and Latino community members, fear about legal status is a barrier to participating in community activities. We believe that this could have been one factor that prevented people from coming that evening. To better understand the other barriers to participation, those that had confirmed, but did not show, were called and asked why. The responses from those that were able to be contacted included: not being able to find Nuestro Centro, not being able to find the center once at the church parking lot because of a language barrier, and the spouse who provides transportation had to work.

The youth focus group participants were mentors for at-risk youth in the Latino Mentoring Program held at Emma Family Resource Center. The high level of thought and contributions of this group was impressive. The opinions of these high-achieving teens may not reflect the experience of the general Latino youth population.

Facilitators who were native speakers were specifically chosen for these focus groups and where possible, were matched age and/or gender to the target group. Although facilitators received training prior to leading the groups, only one facilitator had previous experience. This may have impacted the nature and depth of the participants' responses.

Physician's Survey

BCMS conducted a comprehensive survey of its members and our study was allowed to include four multiple-choice questions and one open-ended question of the members. As such, the data from the physician's survey respondents is limited.

Conclusions and Recommendations

In considering our research question: *How can we best address the pressing health needs of the Latino youth in Buncombe County?*, the quantity and nature of the data collected on this broad topic raised many complicated and interrelated themes. Given the web of issues around Latino health in Buncombe County, any approach or solution must be holistic and must consider the interrelated nature of how linguistic, cultural and environmental factors impact an individual's and a community's desire for a better life.

We recommend the following areas for future research, consideration, and development:

1. In light of the language, access, and safety issues, more bilingual and bicultural providers in all aspects of public and private services are essential. In conjunction with addressing language barriers, culturally competent and accessible services in all areas are necessary in beginning to bridge this gap and create a safer and more welcoming community conducive to wellness behaviors. In particular, there was a marked shortage of bilingual staff and programs that specifically address Latinos in our community. Organizations often lack a written plan for serving the needs of Limited English Proficient clients. Although organizations may be taking steps to improve language access, they are often hampered by the availability of bilingual and bicultural candidates in the workforce as well as adequately covering the many areas of their agency that interact with Spanish-speakers. Few organizations focus on cultural competency training as a necessary component of serving this population.

To this end, organizations serving or wishing to support Latinos in Buncombe County may need to revise hiring practices, seek additional resources for additional bilingual, bicultural

staff members and/or training programs in cultural competency for current staff. A comprehensive plan for serving Limited English Speakers could be implemented at agencies. Sources such as www.lep.gov provide assessment tools to guide supervisors and managers in developing such plans which include language access and provision of culturally appropriate services. Training staff and decision makers within an organization on cultural competency issues can lead to innovative ways to serve the Latino community including strategies for outreach, development of targeted programs, and increased utilization of services.

2. Families are clearly looking for additional support in staying healthy. Both providers and community members acknowledged the importance of and a need for better access to affordable medical and dental care. A focus on obesity prevention and health promotion was higher priority for community members than providers. A desire for opportunities for youth and families to engage in physical activity and exercise and to learn about nutrition and weight management was a common theme among community members. There are few opportunities for youth and families to engage in physical activity and exercise although it is a recognized need and a clear strategy for improving the health of this population. Venues for learning about nutrition and weight management in a culturally appropriate way are severely lacking.

Support for program development and outreach in this area is needed by current agencies providing these services, such as the YWCA and the NC Cooperative Extension. Other agencies are encouraged to coordinate and develop services in these areas as well. All agencies will want to explore innovative ways to design programs so as to be effective for this target population.

3. Due to social stigma, lack of education and awareness, and a fear of persecution, it is challenging to open up a dialogue with participants in order to collect specific information about the impact that substance use and abuse may have on a family system. We know statistically from both national and state data that substance use and abuse is a major issue affecting today's youth and families, especially alcohol consumption. In the 2007 Monitoring the Future Survey: National Results on Adolescent Drug Use, "Nearly three quarters of students (72%) have consumed alcohol (more than just a few sips) by the end of high school; and about two-fifths (39%) have done so by 8th grade. In fact, more than half (55%) of all 12th graders and nearly a fifth (18%) of the 8th graders in 2007 reported having been drunk at least once in their life". In the 2005 Behavioral Risk Factor Surveillance System Data for North Carolina, Spanish-speaking Hispanic (adults) were rated the highest (17.6%) for binge drinking (5 or more drinks in one occasion) within the past 30 days. Discussion around substance use and abuse is not generally encouraged in US society and culture, nor is it among other cultures. Thus the fact that this issue did come up at all, although minimally, speaks to a need far greater than our data may suggest.

More research needs to be conducted in this specific topic area. Modifications to the approach for data collection may be a possible solution to acquiring information that is more reflective of the local problem and/or need. One suggestion is to use parenting support groups and classes, both of which did show up as a need in Buncombe County, as a way to create a safe space to discuss issues related to substance use and abuse. These parenting support groups/classes could then be used to collect data for further research on this topic. Another suggestion is to collect data from youth in an individual and confidential environment versus in a group format as was conducted in this study.

4. Providers, in particular, acknowledged transportation as a barrier for Latinos in accessing health care and other services. While transportation was not often noted as a barrier by community members, it was a reason cited by some individuals for not participating in our focus groups. This issue can be addressed in a number of ways and should be considered by agencies wanting to improve service delivery to Latinos. With additional resources, some types of services could be brought closer to individuals who need it and location of program and service delivery should be addressed in the planning and brainstorming stages of discussions about new or improved programs or services. In addition, city planners should be encouraged to expand public transportation services to better meet the health promotion needs of Latinos in Buncombe County.

5. Based on the information gathered from all sources, there is a clear consensus that Buncombe County needs a larger, more integrated community center for the Latino/Spanish-speaking population. Providers stated at the meeting that the Latino community in Buncombe County has a strong voice and has become better organized, but lacks a central location and resource for information and connections. Nuestro Centro has planted the seed and begun this process, but is currently limited by resources, location, space and staffing. Development, grant writing and fund raising efforts should be targeted towards increasing the staffing and creating a space for such a community center. In the ideal, the community center would also be associated with a safe outdoor activities area that is appealing to both children and teens and could serve as a gathering place for community celebrations and educational events.

6. Community members and providers also identified a need for improved information and referral about existing and new services. A larger community center, well-located along a bus route to facilitate access, could be a resource and referral center for community members to access the frequently requested services, connect with others, and engage in the desired family and youth activities, such as physical activity, acculturation support, and parenting classes. Providers who expressed a clear need for centralized, case management services, and physicians, who do not know where or to whom they should refer their Latino clients, could potentially also access this system.

In addition, working with local media outlets accessed by Latinos to do additional culturally appropriate public service announcements regarding existing services may be helpful. Other ideas for increased marketing of existing programs should be explored such as identifying a small network of individuals who are well connected in the Latino community to share information about events and services with others.

Final Thoughts

This project was an initial step in looking at needs of community and highlights many areas for future research and opportunities to improve services for Latino families and youth. In order to address the best utilization of current available programs and resources, we have gathered detailed information from many providers who serve Latinos and plan to work with United Way's 211 and Health Partners, to discuss how to best disseminate, complete, and maintain the resource directory. The Latino Health Promotion Partnership looks forward to continued discussion of these important issues and to working with others to promote and support the health and well-being of Latinos in Buncombe County.

